



**Home Health & Hospice Care**  
**22 Prospect Street**  
**Nashua, NH 03060**  
**603.882.2941**  
**603.882.8970 (Fax)**

**HOME HEALTH & HOSPICE CARE - APPLICATION FOR EMPLOYMENT**

**Personal**

\_\_\_\_\_  
 Last Name                                      First                                      Middle                                      Social Security #

\_\_\_\_\_  
 Present Address                                      Street                                      City                                      State                                      Zip

\_\_\_\_\_  
 Apartment #                                      Tel. #: (    )                                      Daytime Tel. #: (    )

\_\_\_\_\_  
 If your employment/education records are under other name, please specify \_\_\_\_\_

\_\_\_\_\_  
 If you are under 18 years of age, please give your date of birth \_\_\_\_\_

\_\_\_\_\_  
 Have you ever worked at Home Health & Hospice Care before ?     Yes     No

\_\_\_\_\_  
 If yes, for which position/location \_\_\_\_\_

\_\_\_\_\_  
 Date of Application:                                      Position Desired:                                      Location Desired:

\_\_\_\_\_  
 Salary Desired:                                      Date Available:

\_\_\_\_\_  
 Type of position applied for:  Full-time     Part time     Temporary     Per Diem    No. of hours per week \_\_\_\_\_

\_\_\_\_\_  
 Desired Shift:  Days     Evenings     Nights     Rotating     Weekends     Any Shift

\_\_\_\_\_  
 Were you referred to Home Health & Hospice Care by:

Employee     Advertisement     School     Agency     Walk-in     Industry Referral     Job Fair     Other

\_\_\_\_\_  
 Please Specify Referral Source: \_\_\_\_\_

**Employment Record or Work Performed on a Volunteer Basis**

*Applications listing military experience need not describe the nature of their discharge.*

*Please complete even if you are attaching your resume.*

Name of Employer (Present or Most Recent)	Address	Phone	Start Date: MO. YR.
Your Position	Name and Title of Immediate Supervisor		Salary: \$ _____ per _____
Description of Duties _____			Termination Date: Mo. YR
Reason for Leaving _____			Salary \$ _____ per _____
Name of Employer (Present or Most Recent)	Address	Phone	Start Date: MO. YR.
Your Position	Name and Title of Immediate Supervisor		Salary: \$ _____ per _____
Description of Duties _____			Termination Date: MO. YR.
Reason for Leaving _____			Salary \$ _____ per _____
Name of Employer (Present or Most Recent)	Address	Phone	Start Date: MO. YR.
Your Position	Name and Title of Immediate Supervisor		Salary: \$ _____ per _____
Description of Duties _____			Termination Date: MO. YR.
Reason for Leaving _____			Salary \$ _____ per _____

**If you are now employed, may we contact your present employer?**

Yes     No    Employer Phone # \_\_\_\_\_

Please List Software Knowledge: \_\_\_\_\_

**IF LICENSING IS REQUIRED FOR THE POSITION APPLIED FOR (COMPLETE THIS SECTION)**

License Number: \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**IF CERTIFICATION IS REQUIRED FOR THE POSITION APPLIED FOR, (COMPLETE THIS SECTION)**

Type of Certification: \_\_\_\_\_ Number \_\_\_\_\_  
 Association: \_\_\_\_\_ Exp. Date \_\_\_\_\_

**If not licensed/certified have you applied:**  Yes  No

**EDUCATIONAL RECORD**

School	Name & City	Course of Study	*Years Attended (* Optional)		Years Completed				Did you Graduate?	Diploma or Degrees/Certificates
			From	To	1	2	3	4		
High School					1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College					1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other					1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Future Schooling Plans:** \_\_\_\_\_

Name of relatives, if any, employed here:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Dept/Loc \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Dept/Loc \_\_\_\_\_

In answering the following questions, you may omit any information or answer "no record" with regard to any conviction that has been annulled by a court or for which there is a sealed record on file with the Commissioner of Probation. You may also omit first convictions for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbances of the peace.

1. Have you ever been convicted of a felony?  Yes  No If "Yes", give dates and details and respond to question 3.
2. Have you been convicted of a misdemeanor within the last five years?  Yes  No If "Yes", give dates and details and respond to question 3.
3. If you answered yes to questions 1 or 2 above, have you been convicted of a misdemeanor more than five years ago?  Yes  No If "Yes" give dates and details. A conviction record will not necessarily be a bar to employment. Factors such as your age when the offense occurred, the recentness of the offense, the seriousness and nature of the violation, the nature of the position applied for, and any rehabilitation undergone may be taken into account.

**PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING**

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Home Health & Hospice Care and myself for either employment or for the providing of any benefit.

I hereby give Home Health & Hospice Care the right to make a thorough investigation of my employment and education, give my consent to the release by third parties of any employment, education or military records to Home Health & Hospice Care or its agents and I further release from all liability all persons, companies, and corporation supplying such information, and I identify Home Health & Hospice Care against any liability which may result from making such investigation.

I understand that employment is contingent upon the receipt of satisfactory references and successful completion of a pre-employment physical, whether or not either are received or taken after employment has commenced.

I understand that any false or misleading statements or implications made by me in this application or other documents may result in denial of employment or discharge. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and for any reason and that Home Health & Hospice Care retains a similar right.

\_\_\_\_\_  
 Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**We Are An Equal Opportunity Employer.**

*In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, ancestry, sexual orientation or the presence of a non-related medical condition or disability.*

**Administrative Use Only**

Employer #:		Orientation Date:		Interviewer's Signature _____			
Date Employed	Source	Adj Hire Ct	Site	Association % _____	Dept. _____		
				% _____	Dept. _____		
Job Code	Title	Exempt _____ Non Exempt _____	Shift	Sched Hrs	Annual Salary / hourly rate _____		
REG _____	PO _____	Supv	Add _____	Replacement _____			
TEMP _____				If replacement, for whom? _____			



Home Health & Hospice Care  
22 Prospect Street  
Nashua, NH 03060

603.882.2941  
603.882.8970 (Fax)

## HOME HEALTH & HOSPICE CARE - REFERENCE RELEASE

I, \_\_\_\_\_, authorize Home Health & Hospice Care to contact and obtain information from all references, employers and educational institutions and to otherwise verify the accuracy of the information contained in my employment application and resume.

I hereby release from liability Home Health & Hospice Care and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

In order to expedite the reference process, please provide a minimum of **three (3) professional references**. Home Health & Hospice Care retains the right to contact these individuals as well as any other person, corporation or organization with who you have been affiliated.

NAME	RELATIONSHIP	TELEPHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

### EXCEPTIONS TO THE ABOVE AUTHORIZATION:

I request that Home Health & Hospice Care REFRAIN from contacting the following

\_\_\_\_\_  
Individual or Company Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date